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TO: Examiner: G. Gabel

Group Art: 1641

Fax No.: (703) 308-4242

FROM: Andrea L. Gashler
Reg. No.: 41,029

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these 17 pages are
being facsimile transmitted to the Patent and
Trademark Office on the date shown below:

Lisa Oliver
NAME (printed)

OUR DOCKET NO.: P-PM 4097

REFERENCE: Serial No.: 09/575,061
Filed: May 19, 2000

Entitled: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S
DISEASE USING THE OmpC ANTIGEN

Lisa Oliver 11/25/02
SIGNATURE DATE

DATE: November 25, 2002

NO. OF PAGES (Including this page): 17

SPECIAL INSTRUCTIONS:

Transmitted herewith are the following OFFICIAL documents:

- 1) This Fax Cover Sheet: (1 page)
- 2) Transmittal Form (in duplicate): (6 pages)
- 3) Preliminary Amendment with attached Appendix A: (10 pages)

Please contact Lisa Oliver at (858) 535-9001 if you DO NOT receive all pages.

Original will follow by:

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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-PM 4097	
SERIAL NO: 09/575,061	FILING DATE: May 19, 2000	EXAMINER: G. Gabel	GROUP ART UNIT:1641	
INVENTION: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OmpC ANTIGEN				

TO COMMISSIONER FOR PATENTS

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SIGNATURE DATE

Transmitted herewith is a Preliminary Amendment with attached
Appendix A in the above-identified application.

- ___ Small Entity status of this application has been
established under 37 CFR 1.27.
- ___ Petition for Extension of Time is enclosed (in
duplicate).
- ___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- X No additional claims fee is required.
- ___ An additional claims fee is required and has been
calculated as shown below:

Inventors: Targan et al.
 Serial No.: 09/575,061
 Filed: May 19, 2000
 Page 2

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	11	-	20	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPEN- DENT CLAIMS	4	-	4	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

____ A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

Inventors: Targan et al.
Serial No.: 09/575,061
Filed: May 19, 2000
Page 3

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Andrea L. Gashler

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#19/C
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Our Docket: P-PM 4097

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re Application of
Targan et al.

Serial No: 09/575,061

Filed: May 19, 2000

For: DIAGNOSIS, PREVENTION
AND TREATMENT OF CROHN'S
DISEASE USING THE OmpC
ANTIGEN

Examiner: G. Gabel

Group Art Unit: 1641

CERTIFICATE OF FACSIMILE TRANSMISSION

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NAME (printed)Commissioner for Patents
Washington, D.C. 20231Lisa Oliver 11/25/02
SIGNATURE DATEPRELIMINARY AMENDMENT

Responsive to the final Office Action mailed
May 8, 2002, and in accordance with the telephonic interview held
November 4, 2002, between Applicants' representatives and
Examiners Gabel and Li, entry of the following amendment and
consideration of the following remarks is respectfully requested.

AMENDMENTSIn the claims:

Please cancel claims 12 and 13.